								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									10/	72	132	1
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS			11					RATE	FEE	7	RATE	FEE
FOR			NUMBER	FILED .	NUME	NUMBER EXTRA		BASIC FI	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			70 mir	nus 20=		0		X\$ 9=		OR		0
	DEPENDENT C	لــــبــــــــــــــــــــــــــــــــ		inus 3 =	. 7	2		X43=	 	OR	Yes	0_
MU	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=	1	OR	+290=	0
* If	the difference	in column 1 is	less than ze	less than zero, enter "0" in column 2				TOTAL		OFI	TOTAL	770
	CLAIMS AS AMENDED - PART II							SMALI	LENTITY	OR	OTHER SMALL	
	1	(Column 1) CLAIMS	Τ	(Colun		(Column 3)	r	——————————————————————————————————————	ADDI-	7		ADDI-
NTA		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	0.6	Minus	- 2	0_	= ()		X\$ 9=		OR	X\$18=	0
ME	Independent	• 1	Minus	(<u> </u>	= ()		X43=		OR	X86=	0
		NTATION OF MU			CLAIM		t	+145=		1	+290=	5
P	inse dat	owle chie	KJALIN	ing.			L	+145=		OR	TOTAL	14
								ODIT. FEI		OR	ADDIT. FEE	<u>U</u>
		(Column 1) CLAIMS		(Colum		(Column 3)			1	۱ ،		
T 8	1	REMAINING AFTER	1	NUME PREVIO	BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
EN		AFTER AMENDMENT		PAID F		EXTRA	L		FEE]		FEE
AMENDMENT	Total ·	•	Minus	418		= ',	·	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus .	***	~ 4114	-		X43=	T	OR	X86=	
	FIRST PHESE	NTATION OF MU	ILTIPLE UEF	ENDEN	CLAIM	اللب	T	+145=	1	OR	+290=	
								TOTAL	 	1 1	TOTAL	
		·					· A	DDIT. FEE		OR	ADDIT, FEE	
		(Column 1)	, ,	(Colum		(Column 3)	-					
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		-	T	X43≈		ÓЯ	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	·		
+145=										OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT. FEE **THIS SPACE IS LESS THAN 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		mber Previously Paid ther Previously Paid					foun	d in the ap	propriate bo	k in coli	uma 1.	